

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004550

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 234

FILED FEB 13 1963

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Clayton

Length of stay in 1b

DOA

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Louis County Hospt.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY  
OR  
TOWN

Wellston

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

6338 Audrey Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Jesse

Middle

D

Last

Littrell

4. DATE  
OF  
DEATH

Month

1-21-63

Day

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-8-1910

## 9. AGE (last birthday)

52

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Factory

## 10b. KIND OF BUSINESS OR INDUSTRY

Curtis Mfg. Co.

## 11. BIRTHPLACE (City and state or country)

Tenn.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Littrell

## 13b. MOTHER'S MAIDEN NAME

Kizzie Comer

## 14. NAME OF HUSBAND OR WIFE

Viola Littrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of  
\*\*\* \*\*\*)

No

## 16. SOCIAL SECURITY NO.

24

## 17. INFORMANT

Viola Littrell 6338 Audrey Ave.

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY)

## IMMEDIATE CAUSE (a)

## DUE TO (b)

## DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.Congestive Heart Failure 8 months  
Rheumatic Heart Disease yearsINTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Death occurred at

7/23/55 to 1/21/63 and last saw him alive on 1/18/63  
9:11a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert A. Bauer MD

## 22b. ADDRESS

Northland Med Bldg

## 22c. DATE SIGNED

1/22/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

1-23-63

## 23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

## 24. FUNERAL DIRECTOR

J.W. Clark F.H. 1125 Hodiamont Ave.

## 25. DATE RECD. BY LOCAL REG.

1-22-63

## 26. REGISTRAR'S SIGNATURE

J. B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

14002

240432

3

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9 416X

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12 92-0

13

Dr. Robert Bauer  
Northland Med. Center  
Co. 1 7302  
2:30P.M. Tues

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*[Handwritten Signature]*

Licensed Embalmer No.

*4511*

P. O. Address

*H. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.